

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/02/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVERGREEN AT CC HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3050 N ORMSBY CARSON CITY, NV 89703</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of a complaint survey conducted at your facility on 8/2/07.  Complaint #NV000153493 was a facility reported incident of a resident injury. The complaint was substantiated and a deficiency was cited. See F 324.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	F324 Accidents  It is the policy of this facility that each resident receive adequate supervision and assistive devices to prevent accidents.  <b>Residents with Potential Risk</b>  All residents that smoke have the potential to be harmed by failure to follow this policy.  <b>Corrective Action</b>  Resident #1 will have smoking material purchased by Activity Department and delivered to nurse on duty for storage. Resident #1 will ask nurse for smoking material and will have portable oxygen removed from wheelchair and stored a safe distance from resident when smoking. Resident will be supervised when smoking outside in designated smoking area.		
F 324 SS=D	483.25(h)(2) ACCIDENTS  The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to supervise and ensure the safety of a resident to prevent injury while smoking. (Resident #1)  Findings include:  Resident #1: The resident was admitted to the facility on 10/7/04 with the following diagnoses: cellulitis of the leg, congestive heart failure, chronic obstructive airway disease, anxiety, depression, venous insufficiency, esophageal reflux, insomnia, sleep apnea, unilateral inguinal hernia, uncontrolled diabetes, and high blood	F 324	Resident #1 will have smoking material purchased by Activity Department and delivered to nurse on duty for storage. Resident #1 will ask nurse for smoking material and will have portable oxygen removed from wheelchair and stored a safe distance from resident when smoking. Resident will be supervised when smoking outside in designated smoking area.  Residents with manipulative behavior will be reviewed for manipulation of staff by IDT. Resident #1 has been identified as being manipulative with staff in regards to shopping for items outside of the facility. Resident #1 will be care planned to provide a list of items needed to the Activity Director 2x per week.  Residents exhibiting manipulation by other means will be care planned to address specific nature of manipulative behavior.	9/20/07  9/20/07  9/20/07	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*John Stapp* EXECUTIVE DIRECTOR

9/4/07

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 324	<p>Continued From page 1</p> <p>lipids.</p> <p>On 8/2/07 review of the physician's orders for Resident #1's revealed that his medications included Methadone 50 milligrams (mg) by mouth three times a day, Vicodin 500/5 mg 1-2 tablets by mouth every four hours as needed for pain, and Ativan 2 mg by mouth every 6 hours as needed for anxiety. The medications have a depressing effect on the central nervous system and respiratory center of the brain. Oxygen at the rate of 5 liters per minute delivered by nasal cannula was prescribed since 5/23/06 for his breathing difficulty.</p> <p>Review of the facility's incident report revealed that Resident #1 reported to the nursing staff the morning of 7/30/07 that he had accidentally burned his face when smoking at about 2:00 AM on 7/28/07.</p> <p>Review of the facility smoking policy (most recently revised 12/05), revealed in Point #5: "Smoking is not permitted while using any form of portable oxygen." Resident #1 signed acknowledgement of the smoking policy 11/21/05.</p> <p>According to the record, on 8/24/06 the facility social worker care planned that "Resident has tendency to be non-compliant in turning off O2 when he smokes." The interventions listed were: "Staff to alert nursing, social worker, or administrator if they see resident smoking with O2 on. Social worker will intervene if possible. Administrator will become involved if necessary." The interventions were continued as current on 1/2/07 and 5/7/07.</p>	F 324	<p><b>Implemented Measure to Ensure Compliance</b></p> <p>Facility policy has been adopted that all residents who smoke and use oxygen must remove portable oxygen from wheelchair prior to smoking with the assistance of Nursing staff. Portable oxygen will be stored a safe distance from resident while smoking.</p> <p>All residents that smoke will be reviewed by the IDT to determine ability to smoke unassisted or unsupervised. Residents deemed requiring assistance or supervision will have care plans adjusted to require supervision while smoking. Residents deemed unable to smoke without supervision will have care plan adjusted to reflect that smoking materials will be purchased by the Activity Department and smoking materials will be delivered to the nurse on duty and kept on the nurse's cart. Nurse will administer smoking material to resident in designated smoking area outside after having removed portable oxygen if resident uses oxygen.</p> <p>Newly admitted residents that smoke will be assessed for ability to smoke independently through the Smoking Assessment on admission.</p> <p>In-service to facility staff and IDT regarding updated facility smoking policy will be conducted.</p> <p>In-service to facility staff and IDT regarding manipulation of staff by residents will be conducted.</p>		<p>9/20/07</p> <p>9/20/07</p> <p>9/20/07</p> <p>9/20/07</p> <p>9/20/07</p>

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F 324	<p>Continued From page 2</p> <p>Review of the social service progress notes revealed show that Resident #1 was documented as "independent" with keeping his cigarettes in his room and on his person. He was allowed to smoke unsupervised at anytime of his choosing since his admission 10/7/04. She documented in the resident's care plan that as of 8/24/06, "The resident has a tendency to be non-compliant with turning off his oxygen when he smokes." Social service notes of 11/2/06 documented "...Has been non-compliant with smoking rules..." Social service notes on 11/21/06 documented "resident has been having numerous staff members shop for him numerous times a day/ week... He agreed to organize a list and have shopping done no more than 2 times a week." Social service notes of 2/5/07 documented "...His physical status seems to declined some since last quarter. He seems to be fully asleep in his chair more often..."</p> <p>On 8/2/07, in interview, the director of nursing stated that she was notified on 7/30/07 of incident. She stated that she observed the resident to be lethargic and "nodding off" (to sleep), very frequently in his scooter during the day for the past month. She also stated that the resident admitted to throwing the burned oxygen tubing away and replacing it himself immediately after the incident.</p> <p>On 8/2/07, in interview, the social worker also stated that the resident "gets whatever staff he can find to go to the store for him up to four times a week to buy high calorie snacks and cigarettes."</p> <p>On 8/2/07 at 10:00 AM, Resident #1 was observed to have periods of somnolence. He then lifted his head and stated "I don't know why you're making such a big deal of this little</p>	F 324	<p><b>Monitoring of Compliance</b></p> <p>Behavior Monitoring Sheets will be implemented for Resident #1 to monitor non-compliance with care planned issues of smoking without supervision, non-compliance with smoking without oxygen and non-compliance with shopping rules. Other identified residents with manipulative behavior will have behaviors monitored on Behavior Monitoring Sheets.</p> <p>Random chart audits will be conducted for residents who smoke and/or with manipulative behaviors every month for the next three months by the Director of Nursing Services or her designee to ensure the deficiency has been corrected. After initial period of three months, residents who smoke and/or with manipulative behaviors will be reviewed quarterly by the Director of Nursing Services or her designee.</p> <p>All smokers will be reassessed quarterly and at any change of condition by the Director of Nursing Services or Designee.</p> <p>All residents identified as having manipulative behaviors will be assessed quarterly and at any change of condition by the Director of Nursing Services or designee.</p>		<p>9/20/07</p> <p>9/20/07</p> <p>9/20/07</p> <p>9/20/07</p>

**DISCLAIMER CLAUSE**

PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.

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F 324	<p>Continued From page 3 accident."</p> <p>The facility documented 4 x 3 centimeter burn to his right cheek extending to upper lip and his right nares. On 8/2/07 the area was observed to be caked with dried, cracked Silvadene creme.</p> <p>Review of Behavior Tracking Records showed that the facility care planned for non-compliance with smoking rules, but failed to track non-compliance with turning off the oxygen when he smoked. Review of the record and staff interviews, showed that there was manipulation of staff. The facility failed to track the manipulative behavior.</p> <p>Review of the current care plan dated 7/30/07 placed control of the resident's cigarettes with the nursing staff. The resident had no restrictions to his access except that he must accept supervision to smoke.</p> <p>At 11:00 AM at the nurses' station and in front of the surveyor, his assigned nurse, the unit nurse manager, and the director of nurses the resident gave a certified nurses assistant money and a shopping list that included cigarettes. None of the nursing staff responded to the occurrence until asked by the surveyor if the care plan had changed to allow him to keep his cigarettes.</p>	F 324			

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AND CERTIFICATION  
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